

PUNCHED  
SERIALIZEDARIZONA STATE DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE FILE NO.

## CERTIFICATE OF DEATH

REGISTRAR'S NO.

5810

BIRTH NO.

1. PLACE OF DEATH A. COUNTY <b>Maricopa</b>	B. LENGTH OF STAY IN THIS TOWN IN ARIZONA <b>18 yrs 18 yrs</b>	2. USUAL RESIDENCE	
		A. STATE <b>Arizona</b>	B. COUNTY <b>Maricopa</b>
		C. CITY OR TOWN <b>Phoenix</b>	D. STREET (IF RURAL, GIVE LOCATION) <b>2229 W. Camelback Road</b>
C. CITY OR TOWN <b>Phoenix</b>		E. IS RESIDENCE ON A FARM? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>	
D. FULL NAME OF HOSPITAL OR INSTITUTION <b>Maricopa County General Hospital</b>		D. STREET (IF RURAL, GIVE LOCATION) <b>2229 W. Camelback Road</b>	
3. NAME OF DECEASED A. (FIRST) <b>GEORGE</b> B. (MIDDLE) <b>GOSE</b> C. (LAST) <b>GOSE</b>		4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>
6B. NAME OF SPOUSE <b>Hannah</b>		7. DATE OF BIRTH MONTH <b>July</b> DAY <b>13</b> YEAR <b>1869</b>	8. AGE (IN YEARS) LAST BIRTHDAY <b>92</b>
9B. KIND OF BUSINESS OR INDUSTRY <b>Agriculture</b>		10. BIRTHPLACE (STATE OF FOREIGN COUNTRY) <b>Ohio</b>	11. CITIZEN OF WHAT COUNTRY? <b>USA</b>
14A. FATHER'S NAME <b>Henry L. Gose</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Germany</b>	15A. MOTHER'S MAIDEN NAME <b>Sophia (Unk.)</b>
16. INFORMANT'S SIGNATURE <b>Mr. Fred Gose</b>		17. DATE OF DEATH MONTH <b>JULY</b> DAY <b>29th</b> YEAR <b>1961</b>	
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).  THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.  PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <b>General Arteriosclerosis</b>  DUE TO (B) _____  DUE TO (C) _____  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <b>Pneumonia, Bronchitis</b>	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>			
21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>June 22</b> 19 <b>61</b> TO <b>July 29</b> 19 <b>61</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>July 29</b> 19 <b>61</b> AND THAT DEATH OCCURRED AT <b>8:15 P.</b> M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
22A. SIGNATURE <b>Dr. M. J. Gose</b>		22B. ADDRESS <b>3435 W. Durango, Phoenix, Ariz.</b>	22C. DATE SIGNED <b>7-31-61</b>
23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE <b>NATURAL CAUSE</b>		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY <b>M</b>		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23F. HOW DID INJURY OCCUR?
24A. CORONER'S SIGNATURE		24B. ADDRESS	24C. DATE SIGNED
25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> <b>8-1-61</b>		25B. DATE	25C. NAME OF CEMETERY OR CREMATORY <b>Greenwood Memorial Park</b>
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Phoenix, Arizona</b>		25E. FUNERAL DIRECTOR'S SIGNATURE <b>Robert E. Fitzgerald</b>	25F. ADDRESS <b>Grimshaw Mortuary</b>
25G. DATE REC. BY LOCAL REG. <b>8/1/61</b>		25H. REGISTRAR'S SIGNATURE <b>Beulah</b>	25I. EMBALMER'S SIGNATURE <b>Robert E. Fitzgerald</b>
25J. EMBALMER'S CERT. NO. <b>263</b>			